

#### **MEMORANDUM**

TO: Dublin City Council

Marsha Grigsby, City Manager Anne Clarke, Clerk of Council

FROM: Stephen J. Smith

Jennifer Readler Chris W. Michael

DATE: September 5, 2012

RE: Trip Aces LLC DBA Yogi's Bar & Grill Liquor Permit

#### I. INTRODUCTION:

The City of Dublin recently received a Notice to Legislative Authority ("Notice") from the Ohio Division of Liquor Control concerning Trip Aces LLC's ("Trip Aces") transfer application for a class D5 and D6 liquor permit. Dublin has received this Notice pursuant to R.C. 4303.26 because Trip Aces' proposed location will be located within the corporate limits of Dublin. As such, Dublin may request a hearing regarding the advisability of the issuance, transfer of ownership, or transfer of location of the permit.

#### II. BACKGROUND:

Trip Aces is an active Ohio limited liability company that is doing business as ("DBA") Yogi's Bar & Grill. The address designated for the permit premises is 3880 Hard Road, Dublin, Ohio 43016, which is located just west of the Hard Road/Sawmill Road intersection. Trip Aces is seeking to obtain a D5 and D6 liquor permit from 3880 Hard Rd. Inc., an active Ohio corporation for profit, which presently holds the D5 and D6 permits at the same location. This transfer application is pending before the Ohio Division of Liquor Control.

According to the Division's records, Trip Aces is in good standing and does not have any history of violating liquor permit laws. This appears to be a straightforward transfer application from one business to another that will be located at the same location. If approved, Trip Aces would inherit the identical D5 and D6 liquor permits that are currently held by 3880 Hard Rd. Inc.

#### III. RECOMMENDATION:

It would appear that it is unnecessary to request a hearing in this matter. The permits will simply transfer from one business to another located at the exact same location. Regardless of whether Dublin desires a hearing, the Notice must be signed and returned to the Ohio Division of Liquor Control by September 28, 2012.

#### NOTICE TO LEGISLATIVE **AUTHORITY**

OHIO DIVISION OF LIQUOR CONTROL 6606 TUSSING ROAD, P.O. BOX 4005

REYNOLDSBURG, OHIO 43068-9005 (614)644-2360 FAX(614)644-3166

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FO TRIP ACES LLC 3880 HARD RD & PATIO DUBLIN OHIO 43017
3880 HARD RD & PATIO DUBLIN OHIO 43017
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FROM 08/28/2012
3880 HARD RD INC 3880 HARD RD & PATIO
DUBLIN OHIO 43017
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MAILED 08/28/2012

RESPONSES MUST BE POSTMARKED NO LATER THAN.

09/28/2012

#### IMPORTANT NOTICE

PLEASE COMPLETE AND RETURN THIS FORM TO THE DIVISION OF LIQUOR CONTROL

<u>WHETHER OR NOT</u> THERE IS A REFER TO THIS NUMBER IN ALL		NG. B	TRFO	9053017	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(TRANSACTION	& NUMBER)		
( <u>M</u>	IUST MARK ONE OF THE	FOLLOWIN	JG)		
WE REQUEST A HEARING ON THE HEARING BE HELD	THE ADVISABILITY OF IS			AND REQUEST COLUMBUS.	THAT
WE DO NOT REQUEST A HEAR DID YOU MARK A BOX? IF		NSIDERED .	4 LATE	RESPONSE.	
PLEASE SIGN BELOW AND MA	RK THE APPROPRIATE B	OX INDICA	ting yo	UR TITLE:	
(Signature)	(Title)- Clerk of Co	unty Commissio	ner	(Date)	
	Clerk of Cit	y Council			
	Township Fi	scal Officer			

CLERK OF DUBLIN CITY COUNCIL 5200 EMERALD PARKWAY DUBLIN OHIO 43017

#### FOR OFFICE USE ONLY TRANSFER NEW PERMIT # 9053017

OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL 6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005
Telephone: (614) 644-2431 - http://www.com.ohio.gov/liqr



# LIMITED LIABILITY COMPANY DISCLOSURE FORM

SECTION A. (This form	must accompany	all applications of an LLC business en	ury)
Name of Limited Liability Company		DBA Name	~11
irip Aces, LLC		Yogi's Eart Gri City, State O Dublin, Uhro	Zip Code
Permit Premises Address		Dil-lisa Zilara	430160
SOEO HATO KO  Township, if in Unincorporated Area		Tax Identification No. (TIN)	1,0010
Township, if in Online of potated Area		45-5631148	
Limited Liability Company ("LLC") - Chapter 1705 Of with a 5% or greater membership or voting interest, and att	nio Revised Code. tach a copy of the	Indicate below the managing members,	LLC Officers, and all persons io Secretary of State.
Please be advised that any social security numbers provid Department of Public Safety, the Ohio Department of Ta agency if the agency requests the social security number	xation, the Ohio A	Attorney General, or to any other state	or local law enforcement
SECTION B. List the top five (5) officers of the captioned	business. If an o	office is NOT held, please indicate by w	riting NONE.
FACH OFFICER LISTED BELOW MUST HAVE A BACKO	GROUND CHECK PE	RFORMED BY BCI&I AND SUBMIT A PERSO	NAL HISTORY
BACKGROUND FORM. PLEASE READ "BACKGROUND NAME OF OFFICER	CHECK INFORMAT	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1)CEO C To State of F			3-(2-8/)
			1 10 70
2) President Kathleen Frank			10-19-18
3) Vice-President Eric Goodman	4		2/5/81
4) Secretary			
5) Treasurer			
SECTION C. List the managing members and all persons	with a 5% or great	er membership or voting interest in the L	LC.
THE INDIVIDUALS LISTED BELOW MUST HAVE A BACK PLEASE READ "BACKGROUND CHECK INFORMATION"	KGROUND CHECK I	PERFORMED BY BCI&I AND SUBMIT A PER	SONAL HISTORY BACKGROUND FORM.
1) Name	Social Security No		
Greg 11300ce11	Tax Identification	(NO. 11) applicable)	Managing Member
Residence Address  250 Daniel Burn am 54 = 301  City and State,	Zip Code		5% or greater voting interest
COLUMBUS, ONIO	7521	5	5% or greater membership interest
Telephone No. 4 - 403 - 8 26 5	Date of Birth 3-	-lo-80	
2) Name Mac Haloun Frank	Social Security No.	(if individual)	Managing Member
Residence Address  TAVSIDE CIRCLE	Tax Identification	No. (II applicable)	
City and State	Zip Code	: ) i	5% or greater voting interest
Telephone No.	Date of Birth	016	5% or greater membership interest
(014-378 8811	<u> </u>	19-78	
C Who	ERSE SIDE SHOU COUNTY	LD YOU NEED ADDITIONAL SPACE)	
			The second BOO & A M & A O MA
1, Brie Goodman	_being first duly swo	orn, according to law, deposes and says that he	e/sne is (Thie) will have a vice of the
of the IVID Aces, LLC a	business duly author	rized by law to do business in the State of Ohi	o, and that the statements made in the
forgoing affidavit are true.		ERIC 6000	2444
(Signature)	(Print Nar	ne and Title)	THAT TOFFICER
Sworn to and subscribed in my presence this	_day of _ i + Li	gust 20th	A CONTRACTOR OF THE PARTY OF TH
ARIAL SELVE	ζ.	) ( # *	
JOANNE I. GOLDHAND Attorney at Law	)	(Notary Public)	(Notary Expiration)
Notary Public, State of Or DLC 4032 BOE/AMA STRIMETOR ROMDERDI Section 147.03 R.C.	nio Fation I	FOR TTY USERS DIAL I-800-750-0750	REV. 4/2012

#### Page 2 DLC4032 (LIMITED LIABILITY COMPANY DISCLOSURE FORM)

# SECTION C. (CONTINUED)

gg 468 22 PT 1453 List the managing members and all persons with a 5% or greater membership or voting interest in the LLC.

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

3) Name PLIC GOODMAN	Social Security No. (if individual) 508-04-9187  Tax Identification No. (if applicable)	th.
3) Name ELIC GOODMAN  Residence Address  BOSO MILLWAY LOW!  City and State fowell, OH	Tax Identification No. (if applicable)	
City and State	Zip Code (1220/	5% or greater voting interest
Telephone No.	Date of Birth	5% or greater membership interest
Telephone No. 614-352-0347	2/5/8,	
4) Name	Social Security No. (if individual)	Managing Member
Residence Address	Tax Identification No. (if applicable)	
City and State	Zip Code	5% or greater voting interest
Telephone No.	Date of Birth	5% or greater membership interest
Telephone (Vo.	the first section of the section of	
5) Name	Social Security No. (if individual)	
Residence Address	Tax Identification No. (if applicable)	Managing Member
City and State	Zip Code	5% or greater voting interest
Telephone No.	Date of Birth	5% or greater membership interest
6) Name	Social Security No. (if individual)	Managing Member
Residence Address	Tax Identification No. (if applicable)	
City and State	Zip Code	5% or greater voting interest
Telephone No.	Date of Birth	5% or greater membership interest
7) Name	Social Security No. (if individual)	
Residence Address	Tax Identification No. (if applicable)	Managing Member
City and State	Zip Code	5% or greater voting interest
Telephone No.	Date of Birth and the state of Birth and the	5% or greater membership interest
8) Name	Social Security No. (if individual)	
Residence Address	Tax Identification No. (if applicable)	Managing Member
City and State	Zip Code	5% or greater voting interest
Telephone No.	Date of Birth	5% or greater membership interest
9) Name	Social Security No. (if individual)	
Residence Address	Tax Identification No. (if applicable)	Managing Member
City and State	Zip Code	5% or greater voting interest
Telephone No.	Date of Birth	5% or greater membership interest
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### Retail Store Carryout

Permit Class	Permit Fee	Description
C1	\$252	ORC 4303.11 Beer only in original sealed container for carry out only.
C2	\$376	ORC 4303.12 Wine and mixed beverages in sealed containers for carry out.
C2X	\$252	ORC 4303.121 Beer in original sealed containers for carry out.
D8	\$500	ORC 4303.184 Sale of tasting samples of beer, wine, and mixed beverages, but not spirituous liquor, at retail, for consumption on premises.

### Restaurant / Night Club

No. And Special Commence of the Commence of th		
Permit Class	Permit Fee	Description
D1	\$376	ORC 4303.13 Beer only for on premises consumption or in sealed containers for carry out.
D2	\$564	ORC 4303.14 Wine and mixed beverages for on premises consumption or in sealed containers for carryout.
D2X	\$376	ORC 4303.141 Beer only for on premises consumption or in sealed containers.
D3	\$750	ORC 4303.15 Spirituous liquor for on premises consumption only until 1:00am.
D3X	\$300	ORC 4303.151 Wine only for on premises consumption only until 1:00am.
D3A	\$938	ORC 4303.16 Extend issued permit privileges until 2:30am.
		ORC 4303.18 Spirituous liquor for on premises consumption only, beer,
D5	\$2,344	wine and mixed beverages for on premises, or off premises in original sealed containers, until 2:30am.
D5I	\$2,344	ORC 4303.181 (Same as D5). Restaurant meeting certain criteria.
D7	\$469	ORC 4303.183 (Same as D5). RESORT area only.

### Museums

Permit Class	Permit Fee	Description
D5G	\$1,875	ORC 4303.181 (Same as D5 – except sales till one am). National sports museum only.
D5H	\$1,875	ORC 4303.181 (Same as D5 – except sales till one am). Fine arts museum only.

## Community Entertainment District/Revitalization

Permit Class	Permit Fee	Description
D5J	\$2,344	ORC 4303.181 (Same as D5). Community entertainment district.
D5L	\$2,344	ORC 4303.181 (Same as D5 – except sales till one am). Revitalization District.

### Sunday Sales

Permit Class	Permit Fee	Description
D6	\$400-c \$500-d	ORC 4303.182 Sale of intoxicating liquor on Sunday between the hours 10:00am or 11:00am and midnight.

### Other

Permit Class	Permit Fee	Description
D5K	\$1,875	ORC 4303.181 (Same as D5 – except sales till one am). Certain non profit organizations that own and operate a botanical garden.
D5M	\$2,344	ORC 4303.181 (Same as D5). Restaurant affiliated with center for the preservation of wild animals.
D5N	\$20,000.00	ORC 4303.181(N) (Same as D5). Casino Operator or Casino Management Company.
D5O	\$2344.00	ORC 4303.181(O) (Same as D5). Restaurant located in a casino.
Е	\$500	ORC 4303.19 Railroad car or airline to sell beer or any intoxicating liquor at retail in glass or from container for consumption in such car or aircraft.